



**MILFORD FIRE DEPARTMENT
INSTALLATION RULES AND REGULATIONS FOR
FIRE PROTECTION SYSTEMS**

2006 EDITION

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SECTION 1

DEFINITIONS

FIRE PROTECTION SYSTEM: ANY SYSTEM USED TO DETECT, SUPPRESS AND ALERT OCCUPANTS TO A FIRE EMERGENCY.

FIRE ALARM DEVICE: ANY PRODUCT USED TO DETECT, ALERT AND TRANSMIT AN ALARM CONDITION. THESE INCLUDE, MANUAL PULL STATIONS, SMOKE DETECTORS, HEAT DETECTORS, FIRE ALARM PANELS, ANNUNCIATORS, STROBES AND HORN STROBES.

SPRINKLER SYSTEM DEVICE: ANY PRODUCT OR COMPONENT USED TO ENSURE THE PROPER OPERATION OF A SPRINKLER SYSTEM. THESE SHALL INCLUDE SPRINKLER HEADS, VALVES, RISERS, FLOW SWITCHES, TAMPER SWITCHES, FIRE DEPARTMENT CONNECTIONS, FIRE PUMPS AND STORAGE TANKS.

CLEAN AGENT SYSTEM: ANY UL 200 OR 300 OR WET OR DRY CHEMICAL EXTINGUISHING SYSTEMS. THESE SHALL INCLUDE SYSTEMS FOR COMPUTER ROOMS AND COMMERCIAL COOKING SUPPRESSION SYSTEMS. DEVICES SHALL INCLUDE AGENT TANK, NOZZLES, MANUAL PULLS AND FUSIBLE LINKS.

SECTION 2

PERMIT REQUIREMENTS

PRIOR TO THE SUBMISSION OF ANY PLANS TO THE FIRE PREVENTION BUREAU, A PERMIT MUST BE OBTAINED FROM THE MILFORD FIRE DEPARTMENT BUSINESS OFFICE.

ALL INFORMATION ON THE PERMIT SHALL BE FILLED OUT COMPLETELY AND REVIEWED BY THE MILFORD FIRE DEPARTMENT PRIOR TO REVIEWING THE PLANS.

TWO COMPLETE SETS OF PLANS SHALL BE SUBMITTED FOR REVIEW AND APPROVAL.

ALL FEES ASSOCIATED WITH THE PERMITS SHALL BE PAID IN FULL PRIOR TO THE PLANS BEING REVIEWED.

ALL PLANS SUBMITTED SHALL BE IN COMPLIANCE WITH THE CURRENT STATE ADOPTED EDITIONS OF NFPA 13, 13R, 13D, 72 AND 96.

**MILFORD FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
39 SCHOOL STREET, MILFORD, NH 03055
SPRINKLER SYSTEM INSTALLATION PERMIT**

PROPERTY ADDRESS: _____

OWNERS NAME: _____

ADDRESS: _____

TEL: _____

INSTALLERS NAME: _____

ADDRESS: _____

TEL: _____

DESIGNERS NAME: _____

ADDRESS: _____

TEL: _____

TYPE OF BUILDING: _____

OCCUPANCY TYPE: _____

TYPE OF SPRINKLE _____

NUMBER OF STORIES (INCLUDING BASMENT): _____ TOTAL SQFT. OF BUILDING _____

TOTAL SQFT. FOR EACH SPRINKLER ZONE: _____

MANUFACTURER OF
EQUIPMENT: _____

OF VALVES: _____ # OF FLOW ALARMS: _____ # OF HEADS & TEMP: _____

OF TAMPER SWITCHES: _____ LOW PRESSURE SWITCH: _____ FD CONNECTION: _____

OF RISERS _____ # OF FIRE PUMPS: _____ # OF STORAGE TANKS: _____

NAME AND ADDRESS OF FIRE ALARM INSTALLER: _____

TYPE OF CONNECTION TO MILFORD AREA COMMUNICATIONS CENTER: _____

ALL EQUIPMENT SHALL BE INSTALLED PER THE NH STATE FIRE CODE AND MANUFACTURERS INSTRUCTIONS.

APPLICATION IS HEREBY MADE FOR APPROVAL FOR THE INSTALLATION OF A SPRINKLER SYSTEM.

DATE: _____

SIGNITURE OF OWNER OR APPLICANT

*NOTE: UPON RECIEPT OF APPLICATION, PROPERLY EXECUTED, THE APPLICANT WILL BE ADVISED IN WRITING IF
ADDITIONAL INFORMATION IS REQUIRED TO BE SUBMITTED AND WHEN THE PLANS HAVE BEEN STAMPED AND APPROVED.*

**MILFORE FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
39 SCHOOL STREET MILFORD, NH 03055
FIRE ALARM SYSTEM INSTALLATION PERMIT**

PROPERTY ADDRESS: _____

OWNERS NAME: _____

ADDRESS: _____

TEL: _____

INSTALLERS NAME: _____

ADDRESS: _____

TEL: _____

DESIGNERS NAME: _____

ADDRESS: _____

TEL: _____

TYPE OF BUILDING: _____

OCCUPANCY TYPE: _____

TYPE OF FIRE ALARM SYSTEM: _____

OF HORNS: _____ #OF HORN STROBES: _____ # OF SMOKE DETECTORS: _____

OF HEAT DETECTORS: _____ # OF FIRE ALARM PANEL: _____

OF PULL STATIONS: _____ # OF ANNUCIATORS: _____

TYPE OF CONNECTION TO MILFORD AREA COMMUNICATIONS: _____

ALARM SYSTEM PERMIT SUBMITTED: Y N

KNOX BOX APPLICATION COMPLETED: Y N

ALL EQUIPMENT SHALL BE INSTALLED PER THE NH STATE FIRE CODE AND MANUFACTURERS INSTRUCTIONS.

APPLICATION IS HEREBY MADE FOR APPROVAL FOR THE INSTALLATION OF A FIRE ALARM SYSTEM.

DATE: _____

SIGNITURE OF OWNER OR APPLICANT

***NOTE: UPON RECIEPT OF APPLICATION, PROPERLY EXECUTED, THE APPLICANT WILL BE ADVISED IN WRITING IF
ADDITIONAL INFORMATION IS REQUIRED TO BE SUBMITTED AND WHEN THE PLANS HAVE BEEN STAMPED AND APPROVED.***

**MILFORD FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
39 SCHOOL STREET MILFORD, NH 03055
CLEAN AGENT SYSTEM INSTALLATION PERMIT**

PROPERTY ADDRESS: _____

OWNERS NAME: _____

ADDRESS: _____

TEL: _____

INSTALLERS NAME: _____

ADDRESS: _____

Tel: _____

DESIGNERS NAME: _____

ADDRESS: _____

TEL: _____

TYPE OF BUILDING: _____

OCCUPANCEY TYPE: _____

TYPE OF SYSTEM: _____

EQUIPMENT LAYOUT AND DIAGRAM PROVIDED: Y N

OF NOZZELS: _____ **# OF MANUAL PULL STATIONS:** _____ **# OF TANKS** _____

OF FUSABLE LINKS _____

ALL EQUIPMENT SHALL BE INSTALLED PER THE NH STATE FIRE CODE AND MANUFACTURERS INSTRUCTIONS.

APPLICATION IS HEREBY MADE FOR APPROVAL FOR THE INSTALLATION OF A CLEAN AGENT SUPPRESSION SYSTEM.

DATE: _____

SIGNATURE OF OWNER OR APPLICANT

***NOTE: UPON RECIEPT OF APPLICATION, PROPERLY EXECUTED, THE APPLICANT WILL BE ADVISED IN WRITING IF
ADDITIONAL INFORMATION IS REQUIRED TO BE SUBMITTED AND WHEN THE PLANS HAVE BEEN STAMPED AND APPROVED.***

SECTION 3

FEE SCHEDULE

EFFECTIVE 10 JULY 2006 THE MILFORD BOARD OF SELECTMEN VOTED TO APPROVE NEW FEES FOR PLAN REVIEWS OF FIRE PROTECTION SYSTEMS. THE FEES AND PERMIT REQUIREMENTS ARE ADOPTED IN ACCORDANCE WITH THE NH STATE BUILDING CODE, IBC 2000 EDITION.

THE FOLLOWING FEES APPLY:

FIRE ALARM PLANS: \$50.00 PER PLAN PLUS \$.50 PER DEVICE.

SPRINKLER PLANS: \$50.00 PER PLAN PLUS \$.50 PER DEVICE.

CLEAN AGENT SYSTEMS: \$50.00 PER PLAN PLUS \$.50 PER DEVICE.